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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/814,982
	Filing Date	March 30, 2004
	First Named Inventor	Valery M. DUBIN
	Art Unit	1641
	Examiner Name	U. Jung
	Attorney Docket Number	070702009500

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☐ all the attorneys/agents of record.

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Attorneys of record have been discharged by the client in accordance with 37 CFR § 10.40(b)4.

CORRESPONDENCE ADDRESS			
1. <input type="checkbox"/> The correspondence address is NOT affected by this withdrawal.			
2. <input checked="" type="checkbox"/> Change the correspondence address and direct all future correspondence to:			
<input type="checkbox"/> The address associated with Customer Number: <input type="text"/>			
OR			
<input checked="" type="checkbox"/> Firm or Individual Name	Raj S. Davé, Ph.D.		
Address	Darby & Darby P.C. 1500 K Street, N.W. Suite 250		
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Country	USA		
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Signature	<i>Raj S. Davé</i> Reg # 59875		
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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.			